

## **Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, May 9, 2007**  
**Preferred Drug List Final**

Date Posted: 5/23/07

### **AHFS Drug Class Review: ANTI-INFECTIVE AGENTS**

#### **Subclass Reviewed**

**Anti-infective Anthelmintics**

### **AHFS Drug Class Review: ANTI-INFECTIVE ANTIBACTERIAL AGENTS**

#### **Subclasses Reviewed**

**Anti-infective Aminoglycosides**

**Anti-infective Cephalosporins**

**Anti-infective Miscellaneous  $\beta$ -Lactams - Single Entity Agents**

**Anti-infective Miscellaneous  $\beta$ -Lactams - Combination Products**

**Anti-infective Chloramphenicol**

**Anti-infective Macrolides - Single Entity Agents**

**Anti-infective Macrolides - Combination Products**

**Anti-infective Penicillins - Single Entity Agents**

**Anti-infective Penicillins - Combination Products**

**Anti-infective Quinolones**

**Anti-infective Sulfonamides - Single Entity Agents**

**Anti-infective Sulfonamides - Combination Products**

**Anti-infective Tetracyclines**

**Anti-infective Antibacterials, Miscellaneous - Single Entity Agents**

**Anti-infective Antibacterials, Miscellaneous - Combination Products**

### **AHFS New Drug Review: CENTRAL NERVOUS SYSTEM AGENTS, ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS, AMPHETAMINES**

**Daytrana<sup>®</sup>**

## Anthelmintics

| <u>DRUG<br/>CLASS</u> | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>      |
|-----------------------|----------------------------------|----------------------------|-------------------------------------|
| <b>Anthelmintics</b>  | All covered<br>products          | MINTEZOL                   | ALBENZA<br>BILTRICIDE<br>STROMECTOL |

\* Denotes generic  
available in at least one  
dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

## Aminoglycosides

| <u>DRUG CLASS</u>      | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>              |
|------------------------|----------------------------------|----------------------------|---|
| <b>Aminoglycosides</b> | All covered<br>products          | NONE                       | AMIKIN*<br>GARAMYCIN*<br>NEO-FRADIN<br>TOBI |

\* Denotes generic  
available in at least one  
dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

## Cephalosporins

| <u>DRUG CLASS</u>   | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>  |
|---|----------------------------------|----------------------------|---|
| <b>Cephalosporins</b>   | All covered<br>products          | CEDAX<br>OMNICEF*          | ANCEF*<br>CECLOR*<br>CEFIZOX<br>CEFTIN*<br>CEFZIL*<br>CLAFORAN*<br>DURICEF*<br>FORTAZ*<br>KEFLEX*<br>MAXIPIME<br>PANIXINE<br>RANICLOR<br>ROCEPHIN*<br>SPECTRACEF<br>SUPRAX<br>TAZICEF*<br>VANTIN*<br>VELOSEF*<br>ZINACEF* |
| <p>* Denotes generic available in at least one dosage form or strength</p> <p>Drug name denotes all dosage forms and strengths unless noted</p> |                                  |                            |   |

## Miscellaneous $\beta$ -Lactams Single Entity Agents

| <u>DRUG<br/>CLASS</u>  | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>          |
|--|----------------------------------|----------------------------|---|
| <b>Miscellaneous<br/><math>\beta</math>-Lactams<br/>Single Entity Agents</b> | All covered<br>products          | LORABID                    | AZACTAM<br>INVANZ<br>MEFOXIN*<br>MERREM |

\* Denotes generic  
available in at least one  
dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

## Miscellaneous $\beta$ -Lactams Combination Products

| <u>DRUG<br/>CLASS</u>  | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u> |
|--|----------------------------------|----------------------------|--------------------------------|
| Miscellaneous<br>$\beta$ -Lactams<br>Combination<br>Products | All covered<br>products          | NONE                       | PRIMAXIN                       |

\* Denotes generic  
available in at least  
one  
dosage form or  
strength

Drug name denotes  
all  
dosage forms and  
strengths unless  
noted

## Chloramphenicol

| <u>DRUG<br/>CLASS</u> | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u> |
|-----------------------|----------------------------------|----------------------------|--------------------------------|
| Chloramphenicol       | All covered<br>products          | NONE                       | CHLOROMYCETIN*                 |

\* Denotes generic  
available in at least one  
dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

## Macrolides Single Entity Agents

| <u>DRUG<br/>CLASS</u>                      | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>   |
|--|----------------------------------|----------------------------|--|
| <b>Macrolides<br/>Single Entity Agents</b> | All covered<br>products          | NONE                       | BIAXIN*<br>BIAXIN XL*<br>DYNABAC<br>E.E.S*<br>ERYC*<br>ERYPED*<br>ERYTHROCIN<br>ERYTHROCIN<br>LACTOBIONATE<br>KETEK<br>PCE<br>ZITHROMAX*<br>ZMAX |

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available in at least one  
dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted



## Macrolides Combination Products

| <u>DRUG<br/>CLASS</u>                      | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u> |
|--|----------------------------------|----------------------------|--------------------------------|
| <b>Macrolides<br/>Combination Products</b> | All covered<br>products          | NONE                       | PEDIAZOLE*                     |

\* Denotes generic  
available in at least one  
dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

## Penicillins Single Entity Agents

| <u>DRUG<br/>CLASS</u>                       | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>   |
|---|----------------------------------|----------------------------|--|
| <b>Penicillins<br/>Single Entity Agents</b> | All covered<br>products          | AMOXIL*                    | BICILLIN L-A<br>DISPERMOX<br>GEOCILLIN<br>NALLPEN*<br>PFIZERPEN*<br>TICAR<br>UNIPEN* |

\* Denotes generic  
available in at least one  
dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

## Penicillins Combination Products

| <u>DRUG<br/>CLASS</u>                       | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>  |
|---|----------------------------------|----------------------------|---|
| <b>Penicillins<br/>Combination Products</b> | All covered<br>products          | AUGMENTIN XR               | AUGMENTIN*<br>AUGMENTIN ES*<br>BICILLIN C-R<br>TIMENTIN<br>UNASYN*<br>ZOSYN |

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available in at least one  
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dosage forms and  
strengths unless noted

## Quinolones

| <u>DRUG<br/>CLASS</u> | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>  |
|-----------------------|----------------------------------|----------------------------|---|
| <b>Quinolones</b>     | All covered<br>products          | NONE                       | AVELOX<br>CIPRO*<br>CIPRO XR*<br>FACTIVE<br>FLOXIN*<br>LEVAQUIN<br>MAXAQUIN<br>NEGGRAM<br>NOROXIN<br>PROQUIN XR<br>TEQUIN |

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Drug name denotes all  
dosage forms and  
strengths unless noted

## Sulfonamides Single Entity Agents

| <u>DRUG<br/>CLASS</u>                        | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u> |
|--|----------------------------------|----------------------------|--------------------------------|
| <b>Sulfonamides<br/>Single Entity Agents</b> | All covered<br>products          | NONE                       | AZULFIDINE*<br>GANTRISIN*      |

\* Denotes generic  
available in at least one  
dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

## Sulfonamides Combination Products

| <u>DRUG<br/>CLASS</u>                        | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>                   |
|--|----------------------------------|----------------------------|--|
| <b>Sulfonamides<br/>Combination Products</b> | All covered<br>products          | NONE                       | BACTRIM*<br>BACTRIM DS*<br>SEPTRA*<br>SEPTRA DS* |

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dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

## Tetracyclines

| <u>DRUG<br/>CLASS</u> | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>  |
|-----------------------|----------------------------------|----------------------------|---|
| <b>Tetracyclines</b>  | All covered<br>products          | SUMYCIN*                   | ADOXA*<br>DECLOMYCIN*<br>DORYX<br>DYNACIN*<br>MINOCIN*<br>MONODOX*<br>MYRAC*<br>TERRAMYCIN<br>TYGACIL<br>VIBRAMYCIN*<br>VIBRA-TABS* |

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dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

## Antibacterials, Miscellaneous, Single Entity Agents

| <u>DRUG<br/>CLASS</u>                                 | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u>  |
|---|----------------------------------|----------------------------|---|
| <b>Antibacterials, Misc.<br/>Single Entity Agents</b> | All covered products             | CLEOCIN*                   | BACIIM*<br>COLY-MYCIN M*<br>CUBICIN<br>LINCOCIN*<br>VANCOCIN*<br>XIFAXAN<br>ZYVOX |

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dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted



## Antibacterials, Miscellaneous Combination Products

| <u>DRUG<br/>CLASS</u>                                 | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u> |
|---|----------------------------------|----------------------------|--------------------------------|
| <b>Antibacterials, Misc.<br/>Combination Products</b> | All covered<br>products          | NONE                       | HELIDAC<br>SYNERCID            |

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available in at least one  
dosage form or strength

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dosage forms and  
strengths unless noted

## Central Nervous System Agents, Anorexigenic Agents and Respiratory and Cerebral Stimulants, Amphetamines

### New Product Review: Daytrana

| <u>DRUG<br/>CLASS</u>   | <u>PREFERRED<br/>GENERIC/OTC</u> | <u>PREFERRED<br/>BRAND</u> | <u>NON-PREFERRED<br/>BRAND</u> |
|---|----------------------------------|----------------------------|--------------------------------|
| <b>Central Nervous<br/>System Agents,<br/>Anorexigenic<br/>Agents and<br/>Respiratory<br/>and Cerebral<br/>Stimulants,<br/>Amphetamines</b> | All covered<br>products          | SEE CURRENT<br>PDL LISTING | DAYTRANA                       |
| <b>Daytrana</b>   |                                  |                            |                                |

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